

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214500594				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CSX Transportation, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC. 4445 CORPORATION LANE, 2ND FLOOR VIRGINIA BEACH, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2014</p> <p>SCC ID NO: 00503367</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000,000
CLASS	AUTHORIZED					
COMMON	10,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 500 WATER ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: JACKSONVILLE, FL 32202</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: M J WARD TITLE: P/CEO ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: M J WARD TITLE: P/CEO ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: M J WARD TITLE: P/CEO ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: FREDERIK ELIASSON TITLE: Exec VP/CFO ADDRESS: 500 WATER ST. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: FREDERIK ELIASSON TITLE: Exec VP/CFO ADDRESS: 500 WATER ST. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: FREDERIK ELIASSON TITLE: Exec VP/CFO ADDRESS: 500 WATER ST. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DEAN PIACENTE TITLE: VICE PRESIDENT ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DEAN PIACENTE TITLE: VICE PRESIDENT ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DEAN PIACENTE TITLE: VICE PRESIDENT ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN WEST TITLE: VICE PRESIDENT ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN WEST TITLE: VICE PRESIDENT ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN WEST TITLE: VICE PRESIDENT ADDRESS: 500 WATER ST CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CLARENCE GOODEN TITLE: EXEC VP/CCO ADDRESS: 500 WATER STREET CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CLARENCE GOODEN TITLE: EXEC VP/CCO ADDRESS: 500 WATER STREET CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CLARENCE GOODEN TITLE: EXEC VP/CCO ADDRESS: 500 WATER STREET CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GARY BETHEL TITLE: VICE PRESIDENT ADDRESS: 500 WATER ST. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GARY BETHEL TITLE: VICE PRESIDENT ADDRESS: 500 WATER ST. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: GARY BETHEL TITLE: VICE PRESIDENT ADDRESS: 500 WATER ST. CITY/ST/ZIP/CO: JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	DAVID A BOOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER STREET		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	CRESSIE BROWN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	WILLIAM CLEMENT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER STREET		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	SKIP ELLIOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	ELLEN FITZSIMMONS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	NATHAN GOLDMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, VA 32202		
NAME:	W. KYLE HANCOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	CARY HELTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	CHRIS JENKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	CRAIG KING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	LISA MANCINI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		

NAME:	JAMES MARKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	PETER K MILLS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP OF FIN-OPS/T		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	LESTER PASSA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	MIKE PENDERGRASS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	LOUIS RENJEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	CINDY SANBORN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	CAROLYN SIZEMORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	DERRICK SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	MIKE SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	DIANA SORFLEET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		
NAME:	ANGELA WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WATER ST		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202		

NAME:	PAUL R HITCHCOCK	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	CORP SEC				
ADDRESS:	500 WATER STREET				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202				
NAME:	OSCAR MUNOZ	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE:	EVP/COO				
ADDRESS:	500 WATER ST				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202				
NAME:	STEVEN ARMBRUST	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	ASST SECRETARY				
ADDRESS:	500 WATER ST.				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202				
NAME:	DAVID HOFFMAN	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	ASST SECRETARY				
ADDRESS:	500 WATER ST.				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202				
NAME:	QUINTIN C. KENDALL	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	VICE PRESIDENT				
ADDRESS:	500 WATER STREET				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202				
NAME:	KENNETH L. MASON	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	VICE PRESIDENT				
ADDRESS:	500 WATER STREET				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202				
NAME:	DAVID A. BOOR	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	VP & TREASURE				
ADDRESS:	500 WATER STREET				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202				
NAME:	FRANK A. LONEGRO	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	VICE PRESIDENT				
ADDRESS:	500 WATER STREET				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202				
NAME:	ROBERT A FRULLA	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	VICE PRESIDENT				
ADDRESS:	500 WATER STREET				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202				
NAME:	E. MICHAEL O'MALLEY	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE:	VICE PRESIDENT				
ADDRESS:	500 WATER STREET				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32202				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ PAUL R HITCHCOCK		PAUL R HITCHCOCK, CORP SEC		11/27/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					